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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	=	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your	e the name that is on government-issued ure identification (for nple, your driver's	Irene First name	First name
		ise or passport).	Middle name	Middle name
	iden	g your picture tification to your ting with the trustee.	Barrow Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		other names you have d in the last 8 years		
		de your married or den names.		
3.	you num Indi	y the last 4 digits of r Social Security aber or federal vidual Taxpayer tification number	xxx-xx-3759	

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Debtor 1 Irene Barrow

Case number (if known)

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs
5. Where you live		If Debtor 2 lives at a different address:
	10915 S. Church Street Chicago, IL 60643 Number, Street, City, State & ZIP Code Cook County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6. Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Case number (if known) Debtor 1 Irene Barrow

-ar	t 2: Tell the Court About					
7.	The chapter of the Bankruptcy Code you are				of each, see <i>Notice Required by</i> bage 1 and check the appropriate	11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box.
	choosing to file under	□с	Chapter 7			
			hapter 11			
		□с	hapter 12			
		■ C	Chapter 13			
3.	How you will pay the fee	•	about how yo	u may pay. Typio attorney is subm	cally, if you are paying the fee yo	k with the clerk's office in your local court for more details urself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with
					Illments. If you choose this option (Official Form 103A).	on, sign and attach the Application for Individuals to Pay
			I request that but is not req applies to you	t my fee be wai uired to, waive your family size and	ved (You may request this option our fee, and may do so only if yo I you are unable to pay the fee in	n only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line that installments). If you choose this option, you must fill out
			the Application	nn to Have the Ci	napter 7 Filing Fee Walved (Offic	ial Form 103B) and file it with your petition.
).	Have you filed for bankruptcy within the	■ No	э.			
	last 8 years?	☐ Ye	∋s.			
			District			Case number
			District		When	Case number
			District		When	Case number
0.	Are any bankruptcy cases pending or being	■ No	0			
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Ye	∋ S.			
			Debtor			Relationship to you
			District		When	Case number, if known
			Debtor			Relationship to you
			District		When	Case number, if known
1.	Do you rent your residence?	■ No	o. Go to l	ne 12.		
	residerice:	□ Ye	es. Has yo	ur landlord obtai	ned an eviction judgment agains	t you and do you want to stay in your residence?
				No. Go to line 1	2.	
				Yes. Fill out <i>Init</i> bankruptcy petit		Judgment Against You (Form 101A) and file it with this

Document Page 4 of 56 Case number (if known) Debtor 1 Irene Barrow Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own

Number, Street, City, State & Zip Code

Where is the property?

perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

Debtor 1 Irene Barrow Document Page 5 of 56

Case number (if known)

Part 5: Explain

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Den	ioi i lielle ballow				CI (II KIIOWII)
Par	6: Answer These Quest	ions for Re	porting Purposes		
16.	What kind of debts do you have?			nsumer debts? Consumer debts are defonal, family, or household purpose."	ined in 11 U.S.C. § 101(8) as "incurred by an
			_		
		4.Ch	Yes. Go to line 17.	sin and debte 2 Dusiness debte are debte	Abot very incomed to obtain
				siness debts? Business debts are debts stment or through the operation of the bus	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you ow	ve that are not consumer debts or busine	ss debts
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7	7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and			o you estimate that after any exempt propilable to distribute to unsecured creditors	perty is excluded and administrative expenses?
	administrative expenses		□ No		
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes		
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-19		☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000
		□ 200-99	9		
19.	How much do you estimate your assets to be worth?	\$ 100,0	0,000 1 - \$100,000 01 - \$500,000 01 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
20.	How much do you estimate your liabilities to be?	\$100,0	0,000 01 - \$100,000 01 - \$500,000 01 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
Par	7: Sign Below				
For	you	I have exa	amined this petition, and I decla	are under penalty of perjury that the infor	mation provided is true and correct.
				I am aware that I may proceed, if eligible lief available under each chapter, and I c	, under Chapter 7, 11,12, or 13 of title 11, hoose to proceed under Chapter 7.
				ot pay or agree to pay someone who is no notice required by 11 U.S.C. § 342(b).	ot an attorney to help me fill out this
		I request r	relief in accordance with the ch	napter of title 11, United States Code, spe	ecified in this petition.
		bankrupto and 3571.	y case can result in fines up to	concealing property, or obtaining money \$250,000, or imprisonment for up to 20	or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519,
		/s/ Irene Irene Ba Signature		Signature of Debto	or 2
		Executed	on January 16, 2017 MM / DD / YYYY	Executed on MN	M / DD / YYYY

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Debtor 1 Irene Barrow Page 7 of 56 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Charles	E. Portman	Date	January 16, 2017
Signature of	Attorney for Debtor		MM / DD / YYYY
Charles E.	Portman		
Printed name			
Ledford, W	Vu & Borges, LLC		
105 W. Ma	dison		
23rd Floor			
Chicago, I	L 60602		
	City, State & ZIP Code		
Contact phone	312-853-0200	Email address	notice@billbusters.com
#6322341			
Bar number & St	tate		

Page 8 of 56 Document Fill in this information to identify your case: Debtor 1 **Irene Barrow** Middle Name First Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	Ourse Very Access		
Par	t1: Summarize Your Assets	Your a	assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	125,328.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	13,727.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	139,055.00
Par	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	132,361.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	16,841.00
	Your total liabilities	\$	149,202.00
Par	t3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,645.55
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,360.53
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo	ur other sc	hedules.
7.	Yes What kind of debt do you have?		

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	\$ 3,034.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	Ca	se 17-01150	Doc 1		01/16/17 ument	Entered 01/16/1 Page 10 of 56	7 08:32:05	Desc	Main
Fill	in this inform	nation to identify yo	our case and th			T MMC TO VILOU			
Deh	otor 1	Irene Barrow							
DUL	7101 1	First Name	Middle	e Name		Last Name			
	otor 2								
(Spo	use, if filing)	First Name	Middle	e Name		Last Name			
Unit	ted States Bar	kruptcy Court for the	e: NORTHER	N DISTE	RICT OF ILLIN	IOIS			
Cas	se number					-			Check if this is an amended filing
n ea hink nfor Ansv	ch category, se tit fits best. Be mation. If more wer every quest	e as complete and acc space is needed, atta ion.	cribe items. List curate as possibl ach a separate s	le. If two I heet to th	married people is form. On the	n asset fits in more than one e are filing together, both are e top of any additional pages, n or Have an Interest In	equally responsibl	e for suppl	ying correct
	No. Go to Part Yes. Where is								
1.1				What	is the property	? Check all that apply			
	10915 S. C	hurch Street			Single-family h	ome	Do not deduct see	cured claims	s or exemptions. Put
	Street address, it	f available, or other descrip	tion	_ _	Duplex or mult	-	the amount of any	secured cla	aims on Schedule D: Secured by Property.
	Chicago City	IL 6	80643-0000 ZIP Code		Manufactured Land Investment pro	or mobile home	Current value of entire property?\$125,32	p	Current value of the ortion you own?
				□ ■		otor's Residence		ple, tenanc	ownership interest by by the entireties, or
				VVIIO	Debtor 1 only	in the property? Check one	,,		
	Cook				Debtor 2 only				
	County				Debtor 1 and [Debtor 2 only	Objects if the		
					At least one of	the debtors and another	(see instruction		inity property
					information your	ou wish to add about this iten on number:	n, such as local		

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$125,328.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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Desc Main

Case 17-01150 Doc 1 Filed 01/16/17 Entered 01/16/17 08:32:05 Desc Main Document Page 12 of 56 Case number (if known) Debtor 1 Irene Barrow 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe..... \$400.00 **Necessary Wearing Apparel** 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... \$100.00 Costume Jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$4.050.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Cash \$40.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes.....

17.1. Checking Citi-Bank \$50.00

Savings 17.2.

Fifth-Third Bank

\$12.00

Official Form 106A/B

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Case number (if known) Document Debtor 1 Irene Barrow 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... % of ownership: Name of entity: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans Yes. List each account separately. Type of account: Institution name: **Pension** United States Government: \$3,043.00 monthly \$0.00 gross 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own? Do not deduct secured claims or exemptions.

		Case 17-01150	Doc 1	Filed 01/16/17 Document	Page 14 of 56	Desc Main
De	ebtor 1	Irene Barrow			Case number (if known)	
28.	Tax ref	funds owed to you				
	■ No					
	⊔ Yes.	Give specific information a	bout them, in	cluding whether you alre	ady filed the returns and the tax years	
29.		support	olimanu ana	usal augus art, abild augus	out maintanana divara sattlement proporti	aattlamant
	■ No	oles: Past due of lump sum	allmony, spo	usai support, chiid suppo	ort, maintenance, divorce settlement, property	settiement
		Give specific information				
30.		amounts someone owes oles: Unpaid wages, disabil benefits; unpaid loans	ity insurance		efits, sick pay, vacation pay, workers' comper	nsation, Social Security
	_	Give specific information				
31.		its in insurance policies ples: Health, disability, or lit	e insurance; l	nealth savings account (HSA); credit, homeowner's, or renter's insurar	nce
	☐ No					
	Yes.	Name the insurance comp		olicy and list its value.	5	0 1 ()
		Con	npany name:		Beneficiary:	Surrender or refund value:
		NA/II-	-1-1:6-1			
			ole Lite insi	urance Policty with		
		Fed	leral Emplo	veee Group Life		
			leral Emplo urance	yeee Group Life		
		Ins	urance	·	****	Unknown
		Ins	urance	yeee Group Life URRENDER VALUE	*****	Unknown
	If you a someo	NEI	ED CASH S due you from	URRENDER VALUE		
	If you a someo ■ No □ Yes.	terest in property that is are the beneficiary of a living one has died. Give specific information	ED CASH Sind the control of the cont	URRENDER VALUE	ed surance policy, or are currently entitled to rece	
	If you a some o ■ No □ Yes. Claims	terest in property that is are the beneficiary of a living one has died. Give specific information	ED CASH Sindue you from a g trust, expendent	URRENDER VALUE ³ I someone who has die ct proceeds from a life in	ed surance policy, or are currently entitled to rece to read the recent of the recent	
33.	If you a some of the some of	terest in property that is are the beneficiary of a living one has died. Give specific information against third parties, wholes: Accidents, employments	due you from ag trust, expected the ror not at disputes, in	URRENDER VALUE ³ I someone who has die ct proceeds from a life in	ed surance policy, or are currently entitled to rece to read the recent of the recent	
33.	If you a some of the some of	terest in property that is are the beneficiary of a living one has died. Give specific information	due you from ag trust, expected the ror not at disputes, in	URRENDER VALUE ³ I someone who has die ct proceeds from a life in	ed surance policy, or are currently entitled to rece to read the recent of the recent	
33.	If you a some of the some of	terest in property that is are the beneficiary of a living one has died. Give specific information against third parties, wholes: Accidents, employments	due you from ag trust, expected the ror not at disputes, in	urrender value someone who has die t proceeds from a life in you have filed a lawsu surance claims, or rights	ed surance policy, or are currently entitled to rece to read the recent of the recent	eive property because
33.	If you a someo ■ No □ Yes. Claims Examp ■ No □ Yes. Other o	terest in property that is are the beneficiary of a living the has died. Give specific information Gagainst third parties, wholes: Accidents, employment and unliquidations.	due you from a trust, expected the disputes, in ted claims of	urrender value someone who has die t proceeds from a life in you have filed a lawsu surance claims, or rights	ed surance policy, or are currently entitled to rece it or made a demand for payment is to sue	eive property because
33.	If you a someo ■ No □ Yes. Claims Examp ■ No □ Yes. Other o	terest in property that is are the beneficiary of a living one has died. Give specific information against third parties, wholes: Accidents, employments	due you from a trust, expected the disputes, in ted claims of	urrender value someone who has die t proceeds from a life in you have filed a lawsu surance claims, or rights	ed surance policy, or are currently entitled to rece it or made a demand for payment is to sue	eive property because
33. 34.	If you a someo No Yes. Claims Examp No Yes. Other o No Yes.	terest in property that is are the beneficiary of a living the has died. Give specific information Gagainst third parties, wholes: Accidents, employment and unliquidations.	due you from a trust, expected the ror not a trust in the disputes, in the ted claims of	urrender values a someone who has die bet proceeds from a life in you have filed a lawsu surance claims, or rights	ed surance policy, or are currently entitled to rece it or made a demand for payment is to sue	eive property because
33.34.35.	If you a someo No Yes. Claims Examp No Yes. Other o No Yes. Any fin	terest in property that is are the beneficiary of a living the has died. Give specific information against third parties, wholes: Accidents, employment and unliquidate the contingent and unliquidate the property of th	due you from a trust, expected the disputes, in the disputes of the disputes o	urrender values a someone who has die bet proceeds from a life in you have filed a lawsu surance claims, or rights	ed surance policy, or are currently entitled to rece it or made a demand for payment is to sue	eive property because
33.34.35.	If you a someo No Yes. Claims Examp No Yes. Other o No Yes. Any fin	terest in property that is are the beneficiary of a living has died. Give specific information against third parties, wholes: Accidents, employment and unliquidate on the property of th	due you from a trust, expected the disputes, in the disputes of the disputes o	urrender values a someone who has die bet proceeds from a life in you have filed a lawsu surance claims, or rights	ed surance policy, or are currently entitled to rece it or made a demand for payment is to sue	eive property because
33. 34.	If you a someo No Yes. Claims Examp No Yes. Other C No Yes. Any fin No Yes.	terest in property that is are the beneficiary of a living one has died. Give specific information against third parties, wholes: Accidents, employment and unliquidate one contingent and unliquidate of all of years and the dollar value of all of years the beneficiary of a living one has died.	due you from ag trust, expectate or not at already list our entries from the course of	uncertaint a someone who has die to proceeds from a life in you have filed a lawsu surance claims, or rights to every nature, including a com Part 4, including a	ed surance policy, or are currently entitled to rece it or made a demand for payment is to sue	eive property because
33.34.35.	If you a someo No Yes. Claims Examp No Yes. Other o No Yes. Any fin No Yes. Add t for Pa	terest in property that is are the beneficiary of a living the has died. Give specific information Gagainst third parties, wholes: Accidents, employment and unliquidate	due you from a grust, expected claims of talready list	urrender value a someone who has die by proceeds from a life in you have filed a lawsu surance claims, or rights every nature, including	ed surance policy, or are currently entitled to rece it or made a demand for payment to sue g counterclaims of the debtor and rights to	eive property because
33. 34. 35.	If you a someo No Yes. Claims Examp No Yes. Other of No Yes. Any fin No Yes. And t for Pa	terest in property that is are the beneficiary of a living the has died. Give specific information Gagainst third parties, wholes: Accidents, employment and unliquidate	due you from a trust, expect the claims of t	urrender value someone who has die to proceeds from a life in you have filed a lawsu surance claims, or rights every nature, including om Part 4, including a	ed surance policy, or are currently entitled to receive surance policy.	eive property because
33. 34. 35.	If you a someo No Yes. Claims Examp No Yes. Other of No Yes. Any fin No Yes. And t for Pa Tt 5: Des	terest in property that is are the beneficiary of a living the has died. Give specific information Gagainst third parties, wholes: Accidents, employment and unliquidate	due you from a trust, expect the claims of t	urrender value someone who has die to proceeds from a life in you have filed a lawsu surance claims, or rights every nature, including om Part 4, including a	ed surance policy, or are currently entitled to receive surance policy.	eive property because

Official Form 106A/B Schedule A/B: Property page 5

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Case number (if known) Document Debtor 1 Irene Barrow Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$125,328.00 Part 2: Total vehicles, line 5 \$9,575.00 57. Part 3: Total personal and household items, line 15 \$4,050.00 58. Part 4: Total financial assets, line 36 \$102.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00

\$13,727.00

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 6

62. Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$13,727.00

\$139,055.00

Fill in this infor	mation to identify your	case:		
Debtor 1	Irene Barrow			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exer

1.	Which set of exemption	s are vou claimin	a? Check one onl	v. even if vour st	oouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
10915 S. Church Street Chicago, IL 60643 Cook County	\$125,328.00		\$15,000.00	735 ILCS 5/12-901
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
2011 Ford Fusion 65,000 miles Value Per NADA	\$9,575.00		\$2,400.00	735 ILCS 5/12-1001(c)
Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
Misc used household goods and furnishings.	\$2,000.00		\$2,000.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
3 Television, 1 Computer 1 Stereo, and Cell Phone.	\$1,500.00		\$1,500.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
Books & Family Pictures	\$50.00		\$50.00	735 ILCS 5/12-1001(a)
Ellio Irom Goriodalo 77D. G.1			100% of fair market value, up to any applicable statutory limit	
			, ,,	

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Case number (if known)

	none Barron				
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
	Necessary Wearing Apparel Line from Schedule A/B: 11.1	\$400.00	•	\$400.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a)
	Costume Jewelry Line from Schedule A/B: 12.1	\$100.00	•	\$100.00	735 ILCS 5/12-1001(b)
	Cash Line from Schedule A/B: 16.1	\$40.00		any applicable statutory limit \$40.00	735 ILCS 5/12-1001(b)
				100% of fair market value, up to any applicable statutory limit	
	Checking: Citi-Bank Line from Schedule A/B: 17.1	\$50.00		\$50.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
	Savings: Fifth-Third Bank Line from Schedule A/B: 17.2	\$12.00		\$12.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
	Pension: United States Government: \$3,043.00 monthly gross Line from Schedule A/B: 21.1	\$0.00		100% 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1006
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every ■ No □ Yes. Did you acquire the property cover □ No □ Yes	3 years after that for ca	ases fi	·	,

		Document	Page 18	8 of 56		
Fill in this informa	tion to identify yοι	ır case:				
Debtor 1	Irene Barrow					
200101	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
 United States Bank	ruptcy Court for the:	NORTHERN DISTRICT OF ILL	INOIS			
Office Otates Barin	ruptoy Court for the	1011112111121111011110111101				
Case number						
(if known)					☐ Check	if this is an
					amend	ded filing
O#: -: -! =	400D					
Official Form						
Schedule D	: Creditors	Who Have Claims	Secure	d by Property	y	12/15
		If two married people are filing togethout, number the entries, and attach it				
number (if known).						
1. Do any creditors ha	ave claims secured by	y your property?				
□ No. Check the property of the property o	nis box and submit t	his form to the court with your other	schedules. Y	ou have nothing else to	report on this form.	
Yes. Fill in a	Il of the information	below.				
	Secured Claims	20.011				
				Column A	Column B	Column C
		more than one secured claim, list the cre s a particular claim, list the other creditors		/ Amount of claim	Value of collateral	Unsecured
		cal order according to the creditor's name		Do not deduct the	that supports this	portion
2.1 Fifth Third I	Pank	Describe the property that secures t	ho claim:	value of collateral.	claim \$125,329,00	If any \$0.00
Creditor's Name	Dalik	Describe the property that secures to 10915 S. Church Street Chic		\$121,979.00	\$125,328.00	
Fifth Third I	Rank	60643 Cook County	ago, iL			
	Department,	00043 COOK COUNTY				
1830 E Pari		As of the date you file, the claim is: apply.	Check all that			
Grand Rapi	ds, MI 49546	☐ Contingent				
Number, Street, C	ity, State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes the debt	? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only		☐ An agreement you made (such as r	nortgage or se	cured		
Debtor 2 only		car loan)				
☐ Debtor 1 and Debt	or 2 only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
☐ At least one of the		☐ Judgment lien from a lawsuit	,			
☐ Check if this clair	n relates to a		Mortgage			
community debt		curer (morauming a right to emocify				
	Opened					
	08/15 Last					
	Active					
Date debt was incurr	ed 11/03/16	Last 4 digits of account number	ber 1827			
Wells Fargo	Dealer					
Services		Describe the property that secures t	he claim:	\$10,382.00	\$9,575.00	\$807.00
Creditor's Name		2011 Ford Fusion 65,000 mil Value Per NADA	es			
Po Box 356		As of the date you file, the claim is:	Chaple all that			
	camonga, CA	apply.	Check all that			
91729		☐ Contingent				
Number, Street, C	ity, State & Zip Code	Unliquidated				
	• • •	Disputed				
Who owes the debt	! Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as r car loan)	nortgage or sec	cured		
Debtor 2 only		<u> </u>				
Debtor 1 and Debt	or 2 only	Statutory lien (such as tax lien, med	chanic's lien)			
I I At least one of the	dobtore and another	U Judgmont lion from a lowquit				

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Debtor 1	Irene Barr	ow		Case number (if know)	
	First Name	Middle Name	Last Name		
	if this claim re nunity debt	elates to a	Other (including a right to offset)	Purchase Money Security Interest	
Date debt	was incurred	Opened 03/13 Last Active 11/03/16	Last 4 digits of account num	nber <u>0227</u>	
If this is		of your form, add the	mn A on this page. Write that nun dollar value totals from all pages	¥ 10=,001100	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

J	430 17 01100 1	Document	Page 20 of 56	JCSO Main
Fill in this info	rmation to identify your			
Debtor 1	Irene Barrow			
Debtor 1	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	NORTHERN DISTRICT OF ILL	LINOIS	
Case number				
(if known)				Check if this is an
				amended filing
O(()	4005/5			
Official For				40/45
		ho Have Unsecured	Claims Y claims and Part 2 for creditors with NONPRIORITY	12/15
Schedule G: Exec Schedule D: Cred eft. Attach the Co name and case n	cutory Contracts and Unexp litors Who Have Claims Sec ontinuation Page to this pag umber (if known).	pired Leases (Official Form 106G). Discred by Property. If more space is a ge. If you have no information to rep	ist executory contracts on Schedule A/B: Property (C to not include any creditors with partially secured cla needed, copy the Part you need, fill it out, number th port in a Part, do not file that Part. On the top of any a	aims that are listed in e entries in the boxes on the
	All of Your PRIORITY Ur			
_ ′	itors have priority unsecure	ed claims against you?		
No. Go to	Part 2.			
☐ Yes.				
Part 2: List	All of Your NONPRIORIT	TY Unsecured Claims		
3. Do any cred	itors have nonpriority unse	cured claims against you?		
☐ No. You h	nave nothing to report in this p	part. Submit this form to the court with	your other schedules.	
Yes.				
unsecured cla	aim, list the creditor separatel	y for each claim. For each claim listed	e creditor who holds each claim. If a creditor has more, identify what type of claim it is. Do not list claims alread have more than three nonpriority unsecured claims fill out	ly included in Part 1. If more
				Total claim
4.1 Advoc	ate Health and Hospi	tals Last 4 digits of acc	ount number	\$75.00
Nonprior	rity Creditor's Name			
	Windsor Drive	When was the debt	incurred?	
	rook, IL 60523 Street City State Zlp Code	As of the date you f	file, the claim is: Check all that apply	
	curred the debt? Check one.	ŕ	, , , , , , , , , , , , , , , , , , , ,	
■ Debt	or 1 only	☐ Contingent		
☐ Debt	or 2 only	☐ Unliquidated		
☐ Debt	or 1 and Debtor 2 only	☐ Disputed		
☐ At lea	ast one of the debtors and an	T (NONDRIOR	ITY unsecured claim:	
	ck if this claim is for a com			
debt		☐ Obligations arisin	g out of a separation agreement or divorce that you did	not
	aim subject to offset?	report as priority clair		
■ No		•	or profit-sharing plans, and other similar debts	
☐ Yes		Other. Specify	Medical Service/Collection Agent	

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Debtor 1 Irene Barrow Case number (if know) 4.2 **Advocate Medical Group** \$500.00 Last 4 digits of account number Nonpriority Creditor's Name 9831 S. Western When was the debt incurred? Chicago, IL 60643 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Service/Collection Agent ☐ Yes **American Financial Choice** 4.3 Last 4 digits of account number \$502.00 Nonpriority Creditor's Name 3555 W. Irving Park Rd When was the debt incurred? Chicago, IL 60618 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Payday Loan** Other. Specify 4.4 Associates in Rehab Mediscine Last 4 digits of account number \$364.00 Nonpriority Creditor's Name 1730 Park Street When was the debt incurred? Suite 101 Naperville, IL 60563-1290 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Service/Collection Agent ☐ Yes

Document Page 22 of 56 Debtor 1 Irene Barrow Case number (if know) 4.5 \$1,200.00 Citibankna Last 4 digits of account number 6558 Nonpriority Creditor's Name Opened 12/13 Last Active 1000 Technology Dr When was the debt incurred? 12/05/16 O Fallon, MO 63368 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other, Specify Check Credit Or Line Of Credit 4.6 Citibankna Last 4 digits of account number 3133 \$427.00 Nonpriority Creditor's Name Opened 09/88 Last Active 1000 Technology Dr When was the debt incurred? 12/02/16 O Fallon, MO 63368 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Check Credit Or Line Of Credit ☐ Yes City of Chicago Corporate \$387.00 4.7 Counselor Last 4 digits of account number Nonpriority Creditor's Name 121 N. LaSalle Street When was the debt incurred? Suite 600 Chicago, IL 60602 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated

☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify
Fines

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Case number (if know)

Debto	r 1 Irene Barrow		Case number (if know)			
4.8	Cook County Hospital	Last 4 digits of account number		\$364.00		
	Nonpriority Creditor's Name PO Box 70121	When was the debt incurred?				
	Chicago, IL 60673					
	Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.	_				
	Debtor 1 only	Contingent				
	Debtor 2 only	Unliquidated				
	☐ Debtor 1 and Debtor 2 only	Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separe report as priority claims	aration agreement or divorce that you did not			
	■ No	☐ Debts to pension or profit-sharir	ng plans, and other similar debts			
	Yes	Other. Specify Medical Se	rvice/Collection Agent			
4.9	Evergreen Emergency Services	Last 4 digits of account number		\$54.00		
	Nonpriority Creditor's Name 2800 W. 95th Street	When was the debt incurred?				
	Evergreen Park, IL 60805	As of the data was file the alains				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharir				
	Yes	Other. Specify Medical Se				
4.1	Ford Motor Credit		9675	\$412.00		
0	Nonpriority Creditor's Name	Last 4 digits of account number		Ψ-12.00		
	National Bankruptcy Service Center Po Box 62180	When was the debt incurred?	Opened 03/16 Last Active 12/06/16			
	Colorado Springs, CO 80962					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	_					
	Debtor 1 only	Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans				
	At least one of the debtors and another					
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes ☐ Other. Specify Charge Account					

Document Page 24 of 56 Case number (if know) Debtor 1 Irene Barrow 4.1 **Humana Insurance Group** \$3,269.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 14601 When was the debt incurred? Lexington, KY 40512-4601 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Service/Collection Agent ☐ Yes 4.1 **LCMH Affiliated Svc** \$18.00 Last 4 digits of account number Nonpriority Creditor's Name 2800 W. 87th St When was the debt incurred? Chicago, IL 60652 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Service/Collection Agent ☐ Yes 4.1 LITTLE COMPANY OF MARY \$3,401.00 Last 4 digits of account number Nonpriority Creditor's Name 2800 WEST 95TH STREET When was the debt incurred? Evergreen Park, IL 60805 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

Official Form 106 E/F

debt

■ No

☐ Yes

☐ Student loans

report as priority claims

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Medical or Dental Services

☐ Check if this claim is for a community

Is the claim subject to offset?

Document Page 25 of 56 Case number (if know) Debtor 1 Irene Barrow 4.1 \$82.00 Midnight Velvet Last 4 digits of account number 4 Nonpriority Creditor's Name c/o Creditors Bankruotcy Service When was the debt incurred? PO Box 740933 Dallas, TX 75374 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card or Credit Use ☐ Yes 4.1 Onemain 8786 \$5,179.00 Last 4 digits of account number 5 Nonpriority Creditor's Name Opened 10/15 Last Active Po Box 1010 When was the debt incurred? 11/01/16 Evansville, IN 47706 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Note Loan ☐ Yes 4.1 \$67.00 F 6 Ν

Radiology Imaging	Last 4 digits of account number			
Nonpriority Creditor's Name Attn: Bankruptcy Dept.	When was the debt incurred?			
PO Box 1886				
Harvey, IL 60426				
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.				
■ Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
■ No	\square Debts to pension or profit-sharing plans, and other similar debts			
Yes	■ Other. Specify Medical Service/Collection Agent			

Page 26 of 56 Case number (if know) Document Debtor 1 Irene Barrow

4.1 7	Sourceone Credit Union	Last 4 digits of account number	6291	\$500.00			
	Nonpriority Creditor's Name		Opened 10/16 Last Active				
	542 S Dearborn St Ste 41 Chicago, IL 60605	When was the debt incurred?	12/01/16				
	Number Street City State Zlp Code	As of the date you file, the claim	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts				
	Yes	Other. Specify Unsecured	<u> </u>				
4.1	University of IL Hospital	Last 4 digits of account number		\$40.00			
0	Nonpriority Creditor's Name Box 12199	When was the debt incurred?		<u> </u>			
	Chicago, IL 60612 Number Street City State Zlp Code	 As of the date you file, the claim	is: Chack all that apply				
	Who incurred the debt? Check one.	As of the date you me, the claim	із. Спеск ан шасарріу				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts				
	☐ Yes	Other. Specify Medical/De	ental Service				
Part 3	List Others to Be Notified About a De	ebt That You Already Listed					
is tr have notif	this page only if you have others to be notified ying to collect from you for a debt you owe to se more than one creditor for any of the debts the fied for any debts in Parts 1 or 2, do not fill out	someone else, list the original creditor i lat you listed in Parts 1 or 2, list the add or submit this page.	n Parts 1 or 2, then list the collection agency itional creditors here. If you do not have add	here. Similarly, if you			
	and Address Id Scott Harris, P.C.	On which entry in Part 1 or Part 2 did you Line 4.7 of (<i>Check one</i>):	ມ list the original creditor? I Part 1: Creditors with Priority Unsecured Clair	me			
	W. Jackson Blvd		Part 2: Creditors with Nonpriority Unsecured 0				
Ste 6			- 1 art 2. Orealions with Nonphority Onsecured V	Jiaiiiis			
Chic	ago, IL 60604	Last 4 digits of account number					
Name	and Address	On which entry in Part 1 or Part 2 did you	ulist the original creditor?				
-	of Chicago	Line 4.7 of (Check one):	Part 1: Creditors with Priority Unsecured Clain	ms			
	of Revenue Box 88292		Part 2: Creditors with Nonpriority Unsecured 0	Claims			
	ago, IL 60680-1292						
		Last 4 digits of account number					
Name	and Address	On which entry in Part 1 or Part 2 did yo	list the original creditor?				
	of Chicago Dept. of Finance	Line 4.7 of (Check one):	Part 1: Creditors with Priority Unsecured Clair				
_	Box 6330 ago, IL 60680		Part 2: Creditors with Nonpriority Unsecured 0	Claims			
J.110	age, i= 00000	Last 4 digits of account number					
	and Address green Emergency Service	On which entry in Part 1 or Part 2 did you Line <u>4.9</u> of (<i>Check one</i>):	list the original creditor?				

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Debtor 1 Irene Barrow		Case number (if know)	
3504 W. 95th Street		☐ Part 1: Creditors with Priority Unsecured Claims	
Evergreen Park, IL 60805		Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?	
Midnight Velvet	Line 4.14 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
1112 7th Ave Monroe, WI 53566-1364		■ Part 2: Creditors with Nonpriority Unsecured Claims	
WIOTITOE, WI 33300-1304	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?	
Radiology Imaging Specialist LTD	Line 4.16 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
39645 Treasury Center Chicago, IL 60694		Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?	
Secretary of State	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
Safety & Financial 2701 S. Dirksen Parkway Springfield, IL 62723		■ Part 2: Creditors with Nonpriority Unsecured Claims	
opringheid, in 02723	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?	
University of Ilinois at Chicago	Line 4.18 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
College of Medicine 1853 W Polk St		Part 2: Creditors with Nonpriority Unsecured Claims	
Chicago, IL 60612			
	Last 4 digits of account number		

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

			•	otal Claim
6a.	Domestic support obligations	6a.	\$	0.00
6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
6c.	•	6c.	\$	0.00
6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
	,			0.00
			Т	otal Claim
6f.	Student loans	6f.	\$	0.00
6g.	Obligations arising out of a separation agreement or divorce that			0.00
	you did not report as priority claims	_	\$	0.00
6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
6i.	Other. Add all other nonpriority unsecured claims. Write that amount here	6i.	\$	16,841.00
6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	16,841.00
	6b. 6c. 6d. 6e. 6f. 6g. 6h. 6i.	 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 	6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total Priority. Add lines 6a through 6d. 6e. 6f. Student loans 6f. 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6d. 6d. 6d. 6d. 6d. 6d. 6d. 6e.	6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. \$ 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6f. \$ 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

			III FAU t ZO UI 30	
Fill in this infor	mation to identify your	case:		
Debtor 1	Irene Barrow			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the our, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3	City		State	ZIF Code	
2.3					_
	Name				
	Number	Street			_
	Number	Olieet			
	City		State	ZIP Code	_
2.4	Oity		Otate	Zii Code	
2.4					_
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5					
2.0	Name				_
	INAIIIE				
	Number	Street			
	City		State	ZIP Code	

		Docume	ent Page 29 d	of 56	
Fill in this	information to identify your	case:			
Debtor 1	Irene Barrow				
Debior 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing	g) First Name	Middle Name	Last Name		
United Stat	es Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
0					
Case numb (if known)	per			☐ Check if this is an	
,				amended filing	
Codebtors a people are a lill it out, ar your name 1. Do y No Yes 2. With Arizona	filing together, both are equal number the entries in the and case number (if known) you have any codebtors? (If	re also liable for any deb ally responsible for supp boxes on the left. Attach Answer every question you are filing a joint case, I lived in a community pr	olying correct informat the Additional Page t do not list either spouse operty state or territor	ry? (Community property states and territories include	d age,
in line Form 1 out Co	2 again as a codebtor only	if that person is a guaran I Form 106E/F), or Sched	tor or cosigner. Make	r if your spouse is filing with you. List the person share you have listed the creditor on Schedule D (Of 06G). Use Schedule D, Schedule E/F, or Schedule G **Column 2: The creditor to whom you owe the d Check all schedules that apply:	ficial to fill
3.1	Nama			Schedule D, line	
ľ	Name			Schedule E/F, line	
				☐ Schedule G, line	
1	Number Street			_	
(City	State	ZIP Code		
3.2				☐ Sahadula D. Jina	
	Name			□ Schedule D, line □ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street		715.0		
C	City	State	ZIP Code		

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Fill	in this information to identify your c	ase:							
	btor 1 Irene Barrov								
	otor 2 ouse, if filing)				_				
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS		_				
	se number nown)						ed filin ent sh	g owing postpetition the following date:	
0	fficial Form 106I					MM / DD/ Y		-	
S	chedule I: Your Inc	ome				WWW, 55, 1			12/15
sup spo atta	as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment	are married and not filing wi	ng jointly, and your sith you, do not include	spouse is de inforn	s liv natio	ing with you, incl on about your spo	ude ir ouse.	nformation about If more space is	your needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or n	on-filing spouse	
	If you have more than one job,		☐ Employed			☐ Emple		<u> </u>	
	attach a separate page with information about additional	Employment status	■ Not employed			☐ Not e	mploy	/ed	
	employers.	Occupation	Retired						
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed the	here?						
Par	rt 2: Give Details About Mor	nthly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	eport for a	any I	ine, write \$0 in the	spac	e. Include your no	n-filing
-	ou or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	n for all e	mplo	oyers for that perso	n on	the lines below. If	you need
						For Debtor 1		r Debtor 2 or n-filing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	\$_	N/A	-
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	0.00	5	N/A	

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Debt	or 1	Irene Barrow	-	C	Case nu	ımber (<i>if kn</i>	own)				
					For D	ebtor 1			r Debtor		
	Con	y line 4 here	4.		\$.00	no \$	n-filing s	spouse N/A	
	COP	y line 4 here	4.		Ψ	U	.00	Ψ_		IN/A	<u>.</u>
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$	0	.00	\$		N/A	L
	5b.	Mandatory contributions for retirement plans	5b.		\$	0	.00	\$_		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.		\$.00	\$_		N/A	_
	5d.	Required repayments of retirement fund loans	5d.		\$.00	\$_		N/A	_
	5e.	Insurance	5e.		\$.00	\$_		N/A	_
	5f.	Domestic support obligations	5f.		\$.00	\$_		N/A	_
	5g. 5h.	Union dues Other deductions. Specify:	5g. 5h.		\$.00	*_ +		N/A N/A	_
•		· · ·	_		· —			-			_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$.00	\$_		N/A	_
7.		sulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	0	.00	\$_		N/A	<u> </u>
8.		all other income regularly received:									
	8a.	Net income from rental property and from operating a business, profession, or farm									
		Attach a statement for each property and business showing gross									
		receipts, ordinary and necessary business expenses, and the total									
	01	monthly net income.	8a.		\$.00	\$_		N/A	
	8b.	Interest and dividends	8b.		\$	0	.00	\$_		N/A	<u>\</u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive									
		Include alimony, spousal support, child support, maintenance, divorce									
		settlement, and property settlement.	8c.		\$	0	.00	\$		N/A	
	8d.	Unemployment compensation	8d.		\$	0	.00	\$_		N/A	_
	8e.	Social Security	8e.		\$	178	.00	\$_		N/A	<u> </u>
	8f.	Other government assistance that you regularly receive									
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental)								
		Nutrition Assistance Program) or housing subsidies.									
		Specify:	8f.		\$	0	.00	\$		N/A	
	8g.	Pension or retirement income	8g.		\$	2,467	.55	\$_		N/A	
	8h.	Other monthly income. Specify:	8h.	.+	\$	0	.00	+ \$_		N/A	<u> </u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3	2,645	55	\$		N/	Δ
٠.			٥.	Ľ		2,040	.55			14/	
10	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	2	645.55	+ \$		N/A	= \$	2.645.55
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	.0.	Ψ_	۷,	043.33	.				2,043.33
11			. , ⊢				ļ		-	1 1	
11.		e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your		ende	ents. v	our roomi	mates	s. and	l		
		r friends or relatives.			, ,			,			
	_	ot include any amounts already included in lines 2-10 or amounts that are not	availa	able	to pa	y expense	es list	ed in			
	Spec	city:							11.	+\$	0.00
12	Δdd	the amount in the last column of line 10 to the amount in line 11. The res	ult ie	the	comb	ined man	thly i	ncom/	۵		
12.		e that amount on the Summary of Schedules and Statistical Summary of Certa.							5.		
	appli	•						,	12.	\$	2,645.55
										Combi	ned
											ly income
13.	Do y	ou expect an increase or decrease within the year after you file this form	?								
		No.									
		Yes Explain:									

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	in this info	tion to identify	ur asse			ı		
		ation to identify yo					. Water t	
Deb	tor 1	Irene Barrow	<i>!</i>				k if this is: An amended filing	
	tor 2						A supplement show	ving postpetition chapter
(Spo	ouse, if filing)					,	13 expenses as of	the following date:
Unit	ed States Bankı	ruptcy Court for the	: NORTH	HERN DISTRICT OF ILLIN	OIS	1	MM / DD / YYYY	
	e number nown)							
Of	fficial Fo	rm 106J						
Sc	chedule	J: Your l	Exper	ises				12/15
Be a	as complete ormation. If m	and accurate as	possible eded, atta	. If two married people ar ich another sheet to this				
Pari	t 1: Desci	ribe Your House	hold					
	■ No. Go to		in a separ	ate household?				
	□N	lo	·					
			st file Offic	ial Form 106J-2, <i>Expenses</i>	s for Separate House	enola of Debt	or 2.	
2.	Do you hav	e dependents?	☐ No					
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	tho						□ No
	dependents				Niece		19	Yes
								□ No
								☐ Yes ☐ No
								□ No □ Yes
								□ No
								☐ Yes
3.		penses include of people other the	han	No				
	•	d your depende		Yes				
Par	t 2: Estim	ate Your Ongoi	na Month	lv Expenses				
Est exp	imate your ex	xpenses as of you	our bankr	uptcy filing date unless y y is filed. If this is a supp				
the		h assistance and		government assistance i			Your exp	enses
, -, .		,						
4.		or home owners and any rent for the		ses for your residence. I or lot.	nclude first mortgag	e 4. \$		844.53
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a. \$		0.00
		rty, homeowner's				4b. \$		0.00
			•	upkeep expenses		4c. \$		100.00
5.		owner's associat		aominium dues our residence, such as ho	me equity loans	4d. \$ 5. \$		0.00

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otor 1 _	rene Barrow	Case num	ber (if known)	
Utilitie	s:			
	Electricity, heat, natural gas	6a.	\$	209.00
	Nater, sewer, garbage collection	6b.	\$	42.00
	Felephone, cell phone, Internet, satellite, and cable services	6c.	·	0.00
	Other Specify Cable	6d.		143.00
	Cell Phone		\$	30.00
_	and housekeeping supplies		·	
	are and children's education costs	7. 8.	\$	300.00
		o. 9.	·	0.00
	ng, laundry, and dry cleaning		·	90.00
	nal care products and services	10.	·	85.00
	al and dental expenses	11.	\$	90.00
	portation. Include gas, maintenance, bus or train fare.	12.	\$	150.00
	include car payments.	13.	·	
	ainment, clubs, recreation, newspapers, magazines, and books		·	0.00
	able contributions and religious donations	14.	>	100.00
Insura				
	include insurance deducted from your pay or included in lines 4 or 20. Life insurance	15a.	\$	0.00
	Health insurance	15a. 15b.	·	0.00
		15b. 15c.		0.00
	/ehicle insurance		·	177.00
	Other insurance. Specify:	15d.	Φ	0.00
	Do not include taxes deducted from your pay or included in lines 4 or 20.	40	c	0.00
Specify		16.	>	0.00
	ment or lease payments:	17a.	c	0.00
	Car payments for Vehicle 1			0.00
	Car payments for Vehicle 2	17b.		0.00
	Other. Specify:	17c.	·	0.00
	Other. Specify:	17d.	\$	0.00
	ayments of alimony, maintenance, and support that you did not report a		¢	0.00
	ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	. 18.		
	payments you make to support others who do not live with you.	4.0	\$	0.00
Specify		19.		
	real property expenses not included in lines 4 or 5 of this form or on Sch			0.00
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.	·	0.00
	Property, homeowner's, or renter's insurance	20c.		0.00
	Maintenance, repair, and upkeep expenses	20d.	·	0.00
	Homeowner's association or condominium dues	20e.	·	0.00
Other:	Specify:	21.	+\$	0.00
Calcul	ate your monthly expenses			
	dd lines 4 through 21.		\$	2,360.53
			\$	2,300.33
	opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2			
22c. Ad	dd line 22a and 22b. The result is your monthly expenses.		\$	2,360.53
Calcul	ate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,645.55
	Copy your monthly expenses from line 22c above.	23b.		2,360.53
200.	Jopy your monthly expenses from the 226 above.	۷۵۵.	Ψ	2,300.33
23c 9	Subtract your monthly expenses from your monthly income.			
	The result is your <i>monthly net income</i> .	23c.	\$	285.02
			<u> </u>	
	expect an increase or decrease in your expenses within the year after y			
For exa	mple, do you expect to finish paying for your car loan within the year or do you expect you			se or decrease because
	ation to the terms of your mortgage?			
No.				

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Fill in this infor	mation to identify your	case:			
Debtor 1	Irene Barrow				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRIC	I OF ILLINOIS		
Case number					
(if known)					k if this is an
				amer	nded filing
0.00	4000				
Official Forr					
Declarat	tion About a	ın Individua	l Debtor's Sch	nedules	12/15
If two married pe	eople are filing togethe	r, both are equally resp	onsible for supplying corre	ect information.	
V	(- C	la bandonom (area abado)		Malda a a fala a atata a anti-	
				Making a false statement, concealing fines up to \$250,000, or imprisonn	
	8 U.S.C. §§ 152, 1341, 1		in aproy case can result in	Times up to \$200,000, or imprisoning	ient for up to 20
Sig	n Below				
Did you pa	y or agree to pay some	one who is NOT an atto	orney to help you fill out ba	nkruptcy forms?	
■ No					
110					
☐ Yes. I	Name of person			Attach Bankruptcy Petition F	
				Declaration, and Signature (Official Form 119)
		that I have read the sur	nmary and schedules filed	with this declaration and	
that they ar	e true and correct.				
X /s/ Iren	ne Barrow		X		
	Barrow		Signature of D	ebtor 2	
Signatu	re of Debtor 1		ŭ		
Det			Data		
Date _	January 16, 2017		Date		

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Fill	in this infor	mation to identify you	ır case:			
Deb	otor 1	Irene Barrow				
<u>.</u>		First Name	Middle Name	Last Name		
	otor 2 use if, filing)	First Name	Middle Name	Last Name		
Unit	ed States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Cas (if kno	e number _					☐ Check if this is an amended filing
		orm 107				aoacag
Sta	atement	of Financial	Affairs for Indivi	duals Filing for I	Bankruptcy	4/1
infor	mation. If r ber (if know	nore space is needed n). Answer every que	, attach a separate sheet to stion.	are filing together, both are this form. On the top of a		
Par	Give	Details About Your M	arital Status and Where Yo	u Lived Before		
1.	What is you	ır current marital stat	us?			
	☐ Married	i				
	■ Not ma	rried				
2.	During the	last 3 years, have you	lived anywhere other than	where you live now?		
	-					
	■ No □ Yes. Li	st all of the places you	lived in the last 3 years. Do	not include where you live no	nw	
			·	·		D. (D.) ()
	Deptor 1 P	rior Address:	Dates Debtor	Debtor 2 Prior A	Address:	Dates Debtor 2 lived there
				egal equivalent in a commu evada, New Mexico, Puerto		erritory? (Community property and Wisconsin.)
	■ No					
	☐ Yes. M	ake sure you fill out So	hedule H: Your Codebtors (Official Form 106H).		
Pari	Expla	in the Sources of You	ur Income			
4.	Did you hav	o any incomo from o	mployment or from energt	ng a business during this	waar or the two provious	e calandar voare?
	Fill in the tot	al amount of income yo	ou received from all jobs and	all businesses, including pa	rt-time activities.	s calendar years:
	■ No □ Yes. Fi	Il in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)

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ase number (if known) Irene Barrow Debtor 1

5.	Did you receive any other income during this year or the two previous calendar years?	
	Include income regardless of whether that income is taxable. Examples of other income are a	ı۱

of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
Pension	\$3,043.00		
Social Security	\$178.00		
Pension	\$36,408.00		
Social Security	\$2,136.00		
Pension	\$36,408.00		
Social Security	\$2,136.00		
F	Pension Social Security Pension Social Security Pension Pension	Gources of income Describe below. Gross income from each source (before deductions and exclusions) Gension \$3,043.00 Gocial Security \$178.00 Gocial Security \$2,136.00 Gension \$36,408.00	Gross income from each source (before deductions and exclusions) Pension \$3,043.00 Social Security \$178.00 Social Security \$2,136.00 Pension \$36,408.00

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

- Are either Debtor 1's or Debtor 2's debts primarily consumer debts?
 - Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

□ No. Go to line 7.

□ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

□ No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for
Fifth Third Bank Fifth Third Bank Bankruptcy Department, 1830 E Paris Ave Se Grand Rapids, MI 49546	Monthly	\$844.53	\$121,979.00	■ Mortgage □ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors □ Other

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	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	syment for
	Wells Fargo Dealer Services Po Box 3569 Rancho Cucamonga, CA 91729	Monthly	\$368.53	\$10,382.00	☐ Mortgage ☐ Car ☐ Credit Ca ☐ Loan Rep ☐ Suppliers ☐ Other	ard payment
7.	Within 1 year before you filed for bankrupt: Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	artners; relatives of any gen control, or owner of 20% of	eral partners; partner or more of their voting	erships of which yog g securities; and a	ou are a genera ny managing a	al partner; corporations gent, including one for
	No☐ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos No Yes. List all payments to an insider		ments or transfer a	any property on a	ccount of a d	ebt that benefited an
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
Par	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. Case title					t or custody
	Case number	Nature of the case	Court or agency		Status of th	ie case
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		erty repossessed, f	oreclosed, garnis	shed, attached	d, seized, or levied?
	Creditor Name and Address	Describe the Property		Date		Value of the property
		Explain what happened				
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bec No Yes. Fill in the details.		luding a bank or fii	nancial institutior	ı, set off any a	amounts from your
	Creditor Name and Address	Describe the action the	e creditor took	Date taker	action was	Amount
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a		erty in the possess	ion of an assigne	e for the bene	efit of creditors, a
	■ No □ Yes					

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Pai	t 5: List Certain Gifts and Contribution:	s			
13.	Within 2 years before you filed for bankru No Yes. Fill in the details for each gift.	uptcy, d	lid you give any gifts with a total value of more t	han \$600 per person?	,
	Gifts with a total value of more than \$60 per person	0	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:				
14.	Within 2 years before you filed for bankru ☐ No ☐ Yes. Fill in the details for each gift or co		lid you give any gifts or contributions with a tota	Il value of more than	\$600 to any charity?
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code	otal	Describe what you contributed	Dates you contributed	Value
	NAME AND ADDRESS ADDRESS??		Monetary Donation: \$100.00 per month.	Monthly	\$100.00
	or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred	Include	be any insurance coverage for the loss the amount that insurance has paid. List pending ce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Pa	t 7: List Certain Payments or Transfers		oc claims on the color constant, and the color of		
16.	consulted about seeking bankruptcy or place any attorneys, bankruptcy petition p	oreparin	d you or anyone else acting on your behalf pay on a bankruptcy petition? s, or credit counseling agencies for services required		rty to anyone you
	Yes. Fill in the details.		Description on Lordon of accounts	D-1	A
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y	ou	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Ledford, Wu & Borges, LLC 105 W. Madison 23rd Floor Chicago, IL 60602 notice@billbusters.com		\$230.00 paid prior to case filing; \$3,770.00 to be paid by through the Chapter 13 Plan.	12/2016 to 01/2017	\$230.00
	CIN Legal Data Services 4540 Honeywell Ct Dayton, OH 45424		\$60.00 for merged, multi-bureau credit report, credit counseling and debtor education courses.	01/2017	\$60.00

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Debtor 1 Irene Barrow

17.	Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you	rs or to make payments			r transfer any prope	rty to anyone who
	Yes. Fill in the details. Person Who Was Paid Address	Description and v	alue of any prop	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankruptor transferred in the ordinary course of your burnling but have already include gifts and transfers that you have already No Yes. Fill in the details.	usiness or financial affa ade as security (such as t	nirs? he granting of a s			
	Person Who Received Transfer Address Person's relationship to you	Description and v			any property or received or debts change	Date transfer was made
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details.		y property to a s	elf-settled tru	ıst or similar device	of which you are a
	Name of trust	Description and v	alue of the prope	erty transferr	ed	Date Transfer was made
Par	List of Certain Financial Accounts, Ins	truments, Safe Deposit	Boxes, and Sto	rage Units		
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, assoc No	r other financial accou	nts; certificates o	of deposit; sh		
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accour instrument	clo mo	te account was sed, sold, oved, or nsferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 y cash, or other valuables?	ear before you filed for	bankruptcy, any	safe deposit	box or other depos	itory for securities,
	Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe the (contents	Do you still have it?
22.	Have you stored property in a storage unit o No Yes. Fill in the details.	r place other than your	home within 1 y	ear before yo	u filed for bankrupto	cy?
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or has to it? Address (Number, State and ZIP Code)		Describe the o	contents	Do you still have it?

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Debtor 1 Irene Barrow

Pai	t 9: Identify Property You Hold or Control for	Someone Else					
23.	Do you hold or control any property that someofor someone.	one else owns? Include any prope	rty you borro	wed from, are storing fo	r, or hold in trust		
	■ No						
	Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe th	he property	Value		
Pai	t 10: Give Details About Environmental Information	ation					
For	the purpose of Part 10, the following definitions	apply:					
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these substances.	ir, land, soil, surface water, groun					
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal		law, whether	r you now own, operate,	or utilize it or used		
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or s		s waste, haza	ardous substance, toxic	substance,		
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of whe	n they occur	red.			
24.	Has any governmental unit notified you that you	u may be liable or potentially liable	under or in	violation of an environm	ental law?		
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State ar ZIP Code)		nmental law, if you	Date of notice		
25.	Have you notified any governmental unit of any	release of hazardous material?					
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		nmental law, if you	Date of notice		
26.	Have you been a party in any judicial or adminis	strative proceeding under any env	ironmental la	aw? Include settlements	and orders.		
	■ No □ Yes. Fill in the details.						
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the	he case	Status of the case		
Pai	t 11: Give Details About Your Business or Con	nections to Any Business					
27.	Within 4 years before you filed for bankruptcy, o	did you own a business or have a	ny of the follo	owing connections to an	y business?		
	☐ A sole proprietor or self-employed in a t	trade, profession, or other activity	, either full-ti	me or part-time			
	☐ A member of a limited liability company	(LLC) or limited liability partnersh	nip (LLP)				
	☐ A partner in a partnership						
	☐ An officer, director, or managing execut	tive of a corporation					
	☐ An owner of at least 5% of the voting or equity securities of a corporation						

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	■ No. None of the above applies. Go to I	Part 12.	
	☐ Yes. Check all that apply above and fill	in the details below for each business.	
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
	(Number, Street, City, State and 217 Code)	Name of accountant or bookkeeper	Dates business existed
28.	Within 2 years before you filed for bankrupt institutions, creditors, or other parties.	cy, did you give a financial statement to a	nyone about your business? Include all financial
	■ No □ Yes. Fill in the details below.		
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Pai	t 12: Sign Below		
are with		false statement, concealing property, or o	declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both.
	Irene Barrow	Signature of Debtor 2	
	ne Barrow nature of Debtor 1	Signature of Deptor 2	
Da	e _January 16, 2017	Date	
Did ■ N	•	ent of Financial Affairs for Individuals Filin	g for Bankruptcy (Official Form 107)?
Did ■ N	you pay or agree to pay someone who is no	t an attorney to help you fill out bankruptc	y forms?
	•	ptcy Petition Preparer's Notice, Declaration, a	and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7	7 :	Liquidation	
\$2	245	filing fee	
;	\$75	administrative fee	
+ :	\$15	trustee surcharge	
\$3	335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
·	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
 - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
 - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
 - By agreement of the parties for prepetition and preconfirmation work, including consultation, drafting petition and plan, 341 meeting, negotiation with creditors, court hearings, amendments etc.
 - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
 - (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, $\$\underline{230.00}$ toward the flat fee, leaving a balance due of $\$\underline{3,770.00}$; and $\$\underline{0.00}$ for expenses,

leaving a balance due for the filing fee of \$0.00.

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date:		
Signed:		
/s/ Irene Barrow	/s/ Charles E. Portman	
Irene Barrow	Charles E. Portman #6322341	
	Attorney for the Debtor(s)	
Debtor(s)		
Do not sign this agreement if the ame	ounts are blank.	

Local Bankruptcy Form 23c

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In r	e Irene Barrow		Case No.	
		Debtor(s)	Chapter	13
	DISCLOSURE OF COMPEN	NSATION OF ATTOR	NEY FOR DE	EBTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	g of the petition in bankruptcy, or	agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept			4,000.00
	Prior to the filing of this statement I have received		\$	230.00
	Balance Due		\$	3,770.00
2.	\$310.00 of the filing fee has been paid.			
3.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5.	■ I have not agreed to share the above-disclosed compe	ensation with any other person un	aless they are mem	bers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensa copy of the agreement, together with a list of the name			
6.	In return for the above-disclosed fee, I have agreed to ren	nder legal service for all aspects of	of the bankruptcy c	ase, including:
	 a. Analysis of the debtor's financial situation, and render b. Preparation and filing of any petition, schedules, state c. Representation of the debtor at the meeting of creditor d. [Other provisions as needed] Exemption planning; preparation and filing and filing of motions pursuant to 11 USC 	ement of affairs and plan which means and confirmation hearing, and and of reaffirmation agreeme	nay be required; any adjourned hea ants and application	rings thereof; tions as needed; preparation
7.	By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any disc			y proceeding.
		CERTIFICATION		
this	I certify that the foregoing is a complete statement of any bankruptcy proceeding.	agreement or arrangement for pa	ayment to me for re	epresentation of the debtor(s) in
	January 16, 2017	/s/ Charles E. Portn	nan	
_	Date	Charles E. Portmar	#6322341	
		Signature of Attorney Ledford, Wu & Bor	ges, LLC	
		105 W. Madison		
		23rd Floor Chicago, IL 60602		
		312-853-0200 Fax:		
		notice@billbusters	.com	

United States Bankruptcy CourtNorthern District of Illinois

In re	Irene Barrow		Case No.	
		Debtor(s)	Chapter 13	
	V	ERIFICATION OF CREDITOR M	IATRIX	
		Number of	Creditors:	27
	The above-named Debtor(s (our) knowledge.	s) hereby verifies that the list of credi	tors is true and correct	to the best of my

Advocate Health and Hospitals 2025 Windsor Drive Oak Brook, IL 60523

Advocate Medical Group 9831 S. Western Chicago, IL 60643

American Financial Choice 3555 W. Irving Park Rd Chicago, IL 60618

Arnold Scott Harris, P.C. 111 W. Jackson Blvd Ste 600 Chicago, IL 60604

Associates in Rehab Mediscine 1730 Park Street Suite 101 Naperville, IL 60563-1290

Citibankna 1000 Technology Dr O Fallon, MO 63368

City of Chicago Dept of Revenue P.O. Box 88292 Chicago, IL 60680-1292

City of Chicago Corporate Counselor 121 N. LaSalle Street Suite 600 Chicago, IL 60602

City of Chicago Dept. of Finance PO Box 6330 Chicago, IL 60680

Cook County Hospital PO Box 70121 Chicago, IL 60673

Evergreen Emergency Service 3504 W. 95th Street Evergreen Park, IL 60805

Evergreen Emergency Services 2800 W. 95th Street Evergreen Park, IL 60805

Fifth Third Bank Fifth Third Bank Bankruptcy Department, 1830 E Paris Ave Se Grand Rapids, MI 49546

Ford Motor Credit National Bankruptcy Service Center Po Box 62180 Colorado Springs, CO 80962

Humana Insurance Group P.O. Box 14601 Lexington, KY 40512-4601

LCMH Affiliated Svc 2800 W. 87th St Chicago, IL 60652

LITTLE COMPANY OF MARY 2800 WEST 95TH STREET Evergreen Park, IL 60805

Midnight Velvet c/o Creditors Bankruotcy Service PO Box 740933 Dallas, TX 75374

Midnight Velvet 1112 7th Ave Monroe, WI 53566-1364

Onemain Po Box 1010 Evansville, IN 47706 Radiology Imaging Attn: Bankruptcy Dept. PO Box 1886 Harvey, IL 60426

Radiology Imaging Specialist LTD 39645 Treasury Center Chicago, IL 60694

Secretary of State Safety & Financial 2701 S. Dirksen Parkway Springfield, IL 62723

Sourceone Credit Union 542 S Dearborn St Ste 41 Chicago, IL 60605

University of IL Hospital Box 12199 Chicago, IL 60612

University of Ilinois at Chicago College of Medicine 1853 W Polk St Chicago, IL 60612

Wells Fargo Dealer Services Po Box 3569 Rancho Cucamonga, CA 91729